

# COLUMBIA UNIVERSITY

The Center for Psychoanalytic Training and Research  
1051 Riverside Drive  
New York, New York 10032

## *Application for Admission* **COLUMBIA PSYCHOLOGY IN THE SCHOOLS PROGRAM**

Instructions: 1 .Please write legibly in ink. 2. Attach your check or money order for \$50 payable to *Columbia University*, where specified below: this fee covers part of the cost of processing your application and therefore is not refundable. 4. Mail to the *Center for Psychoanalytic Training and Research, 1051 Riverside Drive, Box 63, New York, N.Y. 10032.*

Date \_\_\_\_\_

1. Name \_\_\_\_\_ Degree \_\_\_\_\_  
                        Last                          First                          Middle

2. Present Mailing/Office Address \_\_\_\_\_  
\_\_\_\_\_  
City    State    Zip Code    Telephone \_\_\_\_\_

3. Permanent Home Address \_\_\_\_\_  
\_\_\_\_\_  
City    State    Zip Code    Telephone \_\_\_\_\_

4. Social Security Number \_\_\_\_\_

5. E-mail address \_\_\_\_\_

6. Day, Month, & Year of Birth \_\_\_\_\_ Age \_\_\_\_\_

7. Current Position \_\_\_\_\_

8. Graduate School \_\_\_\_\_

9. Year graduated or expected graduation \_\_\_\_\_

10. List in chronological order your externship(s), internship(s), and other training experiences

Name and address of hospital/facility	Service	Date began	Date ended
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EXTERNSHIPS \_\_\_\_\_  
\_\_\_\_\_

INTERNSHIP \_\_\_\_\_

OTHER \_\_\_\_\_

11. What has been your experience working in schools?

Please list school experiences while you were still in training as well as current positions or roles.

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12. Are you in personal therapy or analysis? Yes \_\_\_\_\_ No \_\_\_\_\_

13. Have you previously been in personal therapy or analysis? Yes \_\_\_\_\_ No \_\_\_\_\_

14. Letters of recommendation will be requested by the Center from:

a.) The Graduate Program from which you graduated.

b.) Two letters from psychotherapy supervisors ( graduate school and/or externship/internship)

Please list the names and addresses of:

DIRECTOR OF GRADUATE TRAINING

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SUPERVISOR #1

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SUPERVISOR #2

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15. Have you engaged in research? \_\_\_\_\_ If so, what subject? \_\_\_\_\_

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Where and when conducted? \_\_\_\_\_

With whom, or under whose direction? \_\_\_\_\_

Name and publications arising from it? \_\_\_\_\_

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16. Licensure: State(s): \_\_\_\_\_ Year (s) \_\_\_\_\_ Expected \_\_\_\_\_

17. a. Are you been in private practice? \_\_\_\_\_ If so, describe your work \_\_\_\_\_

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b. Malpractice insurance: Company \_\_\_\_\_ Amount \_\_\_\_\_

18. Of what professional societies and organizations are you a member? \_\_\_\_\_

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19. Other professional activities. \_\_\_\_\_

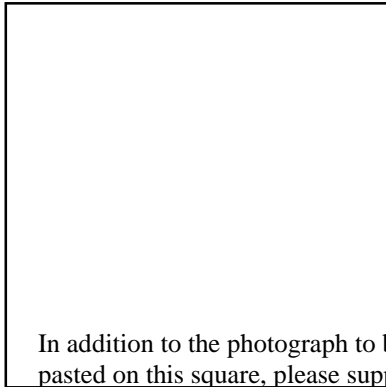
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20, Please describe those aspects of the Columbia Psychology in the Schools Program that would be most suited to your current need for additional training.

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In addition to the photograph to be pasted on this square, please supply two or more for our records. (Preferred dimensions of photograph, 2"x2")

**Where applicable, please accompany this application with proof of current licensure and of malpractice coverage. A copy of the face sheet of your insurance policy should contain the necessary information for proof of malpractice coverage.**